Students with Significant Cognitive Disabilities and Alternate Assessments: Discussion Points with Supporting Research and References

Key Points for Discussion

Research and public policy tell us:

- Many students’ cognitive abilities are hidden because the proper steps to provide them with a means to communicate have not been taken; they do not have the opportunity to learn or show what they know.
- With appropriate means of communication (including assistive technology, when needed), access to a high quality general education curriculum, evidence-based instructional practices, and assessments tools to guide instruction and for accountability, students with the most significant cognitive disabilities do in fact make significant academic progress.
- The provision of communication interventions to students with significant cognitive disabilities can be expected to provide positive changes in communication for most of the students.
- Most students with significant cognitive and sensory disabilities may be able to learn to use augmentative and alternative communication with as little as 15 minutes per day of instruction for about six months.
- Very few students with significant cognitive disabilities regularly miss school due to health issues.
- Students with significant medical needs, those who are clearly expressing distress during the assessment or who cannot respond to the assessment items due to a lack of a consistent and observable communication response are rare.
• Schools are held accountable, including through the use of state alternate assessments, for academic progress of students with the most significant cognitive disabilities.
• Careful development and review of assessment items is important so that the items do not create barriers for students because of the nature of their disability (e.g. asking a child who is blind to describe a visual image).
• The failure to provide appropriate communication supports and services (to promote communicative competence) and an academic education for students with significant cognitive disabilities has negative consequences for post school outcomes and places those students at risk for abuse and neglect without an effective means to report it.
• Providing a high quality academic education for every student is supported by the principle of “least dangerous assumption” because it has the least dangerous effect on the likelihood that students will be able to functional independently as adults.

Therefore we believe:

• Every child has a right to learn and make progress in the knowledge and skills that society deems important and necessary for post school success in community, career and/or college settings, no matter the perceived severity of a disability.
• Students with the most significant cognitive disabilities must not be denied the opportunity to learn because the material is perceived to be too difficult or “irrelevant” for the students-these prejudgments are often not valid.
• The most critical 21st Century “functional” life skills are learned by all students in academic lessons: communication competence, age appropriate social skills, use of numbers, words (or appropriate substitutions, e.g., picture symbols) to get information and express themselves, independence, positive interaction with others and methods for getting help.
• Students with the most significant cognitive disabilities will likely need some level of lifelong supports, but the level of supports can be diminished by the attainment of these skills.
• The education system should presume competence and provide every child with the tools and opportunities to demonstrate what is possible and
provide every teacher with the tools and supports to help their students achieve.

- It is important to be cautious about administering assessments to certain students with significant medical needs, those who are clearly expressing distress or who cannot respond to the assessment items due to a lack of a consistent and observable communication response. There should be established policies and criteria for handling these rare cases.

- With appropriate means of communication (including assistive technology, when needed), access to a high quality general education curriculum, and evidence-based instructional practices, students with the most significant cognitive disabilities can learn the big ideas and core content skills from the grade level content standards. Then, they can demonstrate that knowledge on the NCSC assessment, with some items closely linked to grade level content and others a farther link, so that students with a wide range of understanding and skills can show what they know.
Supporting Research and References

1. **Research on Learner Characteristics for Students who take an Alternate Assessment on Alternate Academic Achievement Standards (AA-AAS)**

The Learner Characteristics Inventory (LCI) was developed by the National Alternate Assessment Center (NAAC) in order to investigate the true learning characteristics of students participating in the AA-AAS. The LCI was used to collect learner characteristics data on 49,669 students who took the AA-AAS in the 2010-11 or 2011-12 school years across 18 states that were members of the National Center and State Collaborative (NCSC). NCSC is a federally funded project, currently comprised of 24 states and 5 national centers. It is developing a common AA-AAS for mathematics and English language arts, as well as curriculum and instructional resources, based on Common Core State Standards.

**Communication:**

Using the LCI, teachers reported that the majority of students (69%) who take an AA-AAS are able to communicate using spoken or written words. About 20% have identifiable communication methods (e.g. consistent and observable patterns of gestures, signs, or pictures). The remaining 10% of students who take an AA-AAS communicate primarily through cries, facial expressions, change in muscle tone, etc.

Students in the 20% group and 10% group may have greatly benefited from augmentative and alternative communication (AAC) systems. AAC includes all forms of communication (other than oral speech) used to express thoughts, needs, wants, and ideas. We all use AAC when we make facial expressions or gestures, use symbols or pictures, or use print. Special aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves. However, the NCSC study shows that only about 40% of each group used AAC. Furthermore, these data about AAC do not describe the extent to which the AAC that was used included academic content.

These data are deeply disturbing, especially in light of the requirement in the Individuals with Disabilities Education Act that the Individualized Education Program team must consider the student’s communication needs and consider whether the child needs assistive technology devices and services. Educators may be concerned about whether AAC works well for students with significant cognitive disabilities or how time consuming it is to teach the students to use it. However, researchers who recently reviewed twenty years of literature examining communication interventions with persons who have severe intellectual and developmental disabilities found that 96% of the studies reported positive changes in some aspects of communication for most students. These findings clearly support the provision of

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communication intervention for students who have significant cognitive disabilities.\(^2\) Research also shows that students with the most significant cognitive and sensory disabilities can learn to use AAC quite quickly. In fact, a study demonstrated that most students experienced success with as little as 15 minutes per day of instruction over an average of 6.5 months.\(^3\)

Communication skills are not only important for improved educational outcomes; they are also important for post-school outcomes and to reduce the risk of abuse and neglect. Communication problems make it difficult for individuals to understand and or verbalize episodes of abuse\(^4\).

**Health and Attendance Issues**

Teachers using the LCI also reported that the majority of students (84%) who participated in the AA-AAS across all NCSC partner states attended at least 90% of school days and an additional 10% attended approximately 75% of school days. Very few students who took the AA-AAS regularly missed school due to health issues across all NCSC partner states.

**Academic Skills**

The LCI data also provided details about the academic skills of students who took an AA-AAS in 2010-11 or 2011-2012.

Across all NCSC partner states in the study, approximately 65% of students could read written text or Braille at some level: 39% of students read basic sight words, simple sentences, directions, bullets, or lists in print or Braille, 22% of students could read fluently with basic, literal understanding, and 4% of students could read fluently with critical understanding in print or Braille. Sixteen percent of students had no observable awareness of print or Braille. In addition, 42% of students performed computational procedures with or without a calculator, and 26% of students could count with 1:1 correspondence to at least 10, or make numbered sets of items. Fifteen percent of students reportedly had no observable awareness or use of numbers.

It is reasonable to expect that students with significant cognitive disabilities will improve their academic performance with appropriate means of communication, access to a high quality general education curriculum, evidence-based instructional practices, and assessments tools to guide instruction and for accountability. All of these are components of the NCSC model for a comprehensive system of curriculum, instruction and assessment.

2. **Least Dangerous Assumption**

In 1984 the least dangerous assumption was described in the following way by Anne Donnellan, a researcher in special education: “the criterion of least dangerous assumption holds that in the absence of conclusive data, educational decisions ought to be based on assumptions which, if


incorrect, will have the least dangerous effect on the likelihood that students will be able to functional independently as adults.”

As explained in a NCSC policy paper on college and career readiness, we do not as yet know how much students with significant cognitive disabilities may achieve because most have not yet been taught using a curriculum based on grade-level content. Therefore, this population is in danger of being limited by what has been taught or expected in the past. This sense of danger is heightened by the historically low expectations for students with significant cognitive disabilities. In a recent survey of educators across 18 NCSC states, only 11% of all respondents estimated that all or most of their peers would agree that it is important for students with severe/profound disabilities to learn reading, mathematics, and science. Nearly two-thirds of all respondents (66%) estimated that only some of their peers would agree with this statement, and over a quarter (28%) estimated that none of their peers would agree.

The NCSC policy paper on college and career readiness for students with significant cognitive disabilities outlines the critically important “life skills” that students gain from an academic education: communication competence, age appropriate social skills, use of numbers, words (or even picture symbols) to get information and express themselves, independence, positive interaction with others and methods for getting help. In addition, the paper states that academic content can directly contribute to a student’s quality of life and gives examples such as increasing knowledge of the world, promoting lifelong learning, promoting community and civic engagement, and establishing shared hobbies and leisure activities with others. It also discusses the fact that participation in general education is an evidenced-based practice directly related to positive employment, postsecondary education, and independent living outcomes for students with disabilities.

In light of all this information, it follows that the least dangerous assumption when working with students with significant cognitive disabilities is to assume that they are competent and able to learn regardless of their communication abilities. Even if an educator does not believe a student will benefit from academic instruction, his/her job is still to teach the student. If the educator does not act accordingly and is wrong about the student’s abilities, irreparable harm will have been done because the benefits of an academic education, described above, will be lost. Moreover, the student will most likely spend more time in segregated settings, have fewer options as adults and need greater supports from society. The student will also be more vulnerable to abuse or neglect, especially if his or her communications needs were not addressed. Since the student is more likely to be educated, work and live in segregated settings, there may not be any typical peers present to bear witness to abuse or neglect.

3. Policies for Optimal Testing Conditions

All states should have their own “optimal testing conditions policy” in which there are instructions for how to handle student illness, hospitalizations, homebound instruction, and emotional distress during testing. These policies should apply to all students because students with and without disabilities may experience challenges during testing time. Optimal testing conditions should outline procedures for ensuring that the testing experience is managed well in order to get the most valid information from students. No child should be assessed if they are
sick or suffering emotional distress, whether participating in the alternate assessment on alternate achievement standards (AA-AAS) or the general assessment.

It is generally true that a higher percentage of students who take the AA-AAS experience medical challenges than those who take the general assessment. However, the vast majority of AA-AAS participants have regular school attendance, as the data discussed earlier in this paper demonstrate. Students who have medical clearance to attend school should not experience difficulty with taking the AA-AAS, if the procedures of optimal testing are implemented.